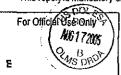
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U- 180 79

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 /04 Through: /2/31/04
3. Name and address of person filing.	Name, file number, and address of labor organization.
Name ANTHONY JOSEPH	Name LOCAL 147 TUMN GL WORKERS
. '	Labor Organization File Number 211 2
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 539 EAST 88th STREET	Street 4332 KATONAH AVENUE
CHY BROOKLYN	City BRONX
State N . 4 . ZIP Code + 4 11236	State NEW YORK ZIP Code + 4 10470
5. Position in labor organization.  AUDITOR	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name SCHIAUSNE/FRONTIER/KEMPER SHORAFINDSCHIAVENE CONSTRUCTS	
Trade Name, If any:	
P.O. Box, Bldg., Room No., If any 1589 HH 150 MEASONLANDS PARKWAY	7.b. Amount.
Street	# 12652 611
City SECAUCUS.	26270.08
State 1 07094-1589	Here a constraint of the constraint of the state of the constraint of the state of
Signature: Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)	
Signed Anthrony Joseph	On 8-9-05 (1/8) 251 2050  Date Telephone Number
orm LM-30 (2003)	Page 1 of 2

Name of Person Filing ANTHONY . JOSEPH	File Number U-
B. Held an interest in or derived income or economic benefit with monetary versubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acceptant of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or adirectly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street	c. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	2
	12.b. Amount.
	12.55 / 11100/11.
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a, Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name ·	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City •	
State ZIP Code + 4	•

14.b. Amount of payment.

13.b. is the Business an Employer

or Consultant